FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response: 0									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Saturno Terry R						2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Saturne	Saturno Terry K				(obi)								1	X	X Director			10% O	wner	
(Last) 212 DOI	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/05/2021									Officer (give title below)			Other (below)	specify	
,					4. If A										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X	,				on	
MIDDLETOWN NY 10940													Form filed by More than One Reporting Person					orting		
(City)	(Sta	ate) (Z	<u>Z</u> ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transac Date (Month/Da		Execution Date,		Date,	Transaction D			curities Acquired (A sed Of (D) (Instr. 3,			5. Amo Securit Benefic Owned Report	ies cially Following	Forn (D) o		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pri	се		ction(s)			(313011 4)	
Common Stock 08/05/				2021	021			P		1,000	1,000 A		33.5	2,940			D			
Common	Stock	tock 16,511						5,511		I	By IRA									
		Tal									osed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)	titve or Exercise (Month/Day/Year) 3) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Execution		Transaction Code (Instr.		of Deriv	r osed) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Y		te Amo ear) Secu Unde Deriv Secu		Amount of Securities !! Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Expiration of		Numbe	r										

Explanation of Responses:

/s/ Benjamin Azoff, pursuant to Power of Attorney

08/07/2021

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

^{*} If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).